## Indiana State Police Methamphetamine Laboratory Occurrence Report This form complies with the statutory requirement set forth in IC 5-2-15-3.

Date:	<u>7-13-2010</u>	Address:	<u>350 N. EAST OF 850 E.</u>	
Case #:	<u>24F31691</u>		NORTH WEBSTER	
County:	<u>KOSCIUSKO</u>		<u>INDIANA</u>	
Type of Laboratory Seizure (check one)  ☐ Operational Lab ☐ Chemical/Glassware/Equipment (only) ☐ Dumpsite (only)		Seizure Location (compared Residence Outbuilding Vehicle	theck all that apply)  Hotel/Motel  Open – No Structure  Other:	
Items Found: Location (bedroom, kitchen, open air, etc) (check all that apply) ☑ Lithium/Ammonia Reaction(s): open air				
Red Phosphorous/Iodine Reaction(s):  Flammable Solvents:				
Water Reactive Metal (Lithium): open air				
Anhydrous Ammonia: open air				
Hydrochloric Acid Gas Generator(s): open air				
Corrosive Acid: open air				
Corrosive Base: open air				
Other (item and location):				
Child under age 18 discovered (check one)  Yes (number present)  No  *If yes, fax report to Child Protective Services		Ephedrin Retail/Me	Investigative Information ☐ Ephedrine/Pseudoephedrine Tracking Log ☐ Retail/Merchant Tip ☐ Other:LE	
This report is to be faxed to the following agencies that serve the location:				
Health Depa	ment: <u>N WEBSTER TWP VFD</u> artment: <u>KOSCIUSKO CO.</u> ction Service: <u>n/a</u>	Fax: <u>574-834-7676</u> Fax: <u>(574) 269-2023</u> Fax:		
For further information regarding this methamphetamine laboratory, contact Investigating Officer: <u>Tpr. Jeff Wampler</u> Phone <u>574-546-4900</u>				

This form is to be faxed to the Fire Department, Health Department and/or Child Protective Services Department listed within 24 hours of scene processing.

This form is to be included with the case file, and a copy sent to the Clandestine Laboratory Team Leader for retention.